

Exhibit O
Medical File
Notes dated June 9, 2006

NOTES

NAME: Martinez, Antonio SS# [REDACTED]

DOB: [REDACTED] AGE: 48 SEX: M RACE: H

DRUG ALLERGIES: Ø TETNUS:

NATURE OF PROBLEM OR REQUEST:

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE

HEALTH CARE DOCUMENTATION

SUBJECTIVE:

OBJECTIVE: BP P R T O2

ASSESSMENT:

Talked to Dr. Hallegre's office
changed 6/13/06
PT for 6/13/06 @ 10:00 PT will
help I'm in exercise that are
able to do at home

PLAN:

Wrt to PT 6/13/06

REFER TO: PA/PHYSICIAN MENTAL HEALTH DENTAL

SIGNATURE Stewart TITLE PA DATE 6/14/06 TIME 11:00